

**Recipient Committee  
Campaign Statement**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Date Stamp

CALIFORNIA  
2001/02  
FORM

COVER PAGE

**460**

Page 1 of 14

For Official Use Only

Statement covers period  
from 01/01/2017  
through 06/30/2017

Date of election if applicable:  
(Month, Day, Year)  
 

**1. Type of Recipient Committee:** All Committees - Complete Parts 1,2,3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- (Also Complete Part 5.)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee

- Ballot Measure Committee
- Primary Formed
- Controlled
- Sponsored
- (Also Complete Part 6.)
- Primary Formed Candidate/  
Officeholder Committee
- (Also Complete Part 7.)

**2. Type of Statement:**

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
880354

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE  
Committee to Protect the Political Rights of Minorities

STREET ADDRESS (NO P.O. BOX)

CITY Sacramento	STATE CA	ZIP CODE 95814-	AREA CODE/PHONE
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY Sacramento	STATE CA	ZIP CODE 95814-	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

[info@olsonhagel.com](mailto:info@olsonhagel.com)

**Treasurer(s)**

NAME OF TREASURER  
Alice Huffman

MAILING ADDRESS

CITY Sacramento	STATE CA	ZIP CODE 95814-	AREA CODE/PHONE (916) 498-1890
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>07/24/2017</u>	By <u>Alice Huffman</u>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
DATE		
Executed on <u>07/24/2017</u>	By <u>Alice Huffman</u>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
DATE		
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
DATE		
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
DATE		

## **Recipient Committee Campaign Statement Cover Page – Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

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## **5. Officeholder or Candidate Controlled Committee**

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**NAME OF OFFICERHOLDER OR CANDIDATE**

**OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)**

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME \_\_\_\_\_ I.D.NUMBER \_\_\_\_\_

NAME OF TREASURER \_\_\_\_\_ CONTROLLED COMMITTEE? \_\_\_\_\_  
\_\_\_\_\_ YES \_\_\_\_\_ NO

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**COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)**

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CITY STATE ZIP CODE AREA CODE/PHONE

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COMMITTEE NAME	I.D.NUMBER
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NAME OF TREASURER \_\_\_\_\_  
CONTROLED COMMITTEE? \_\_\_\_\_  
 YES       NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_

**COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)**

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CITY STATE ZIP CODE AREA CODE/PHONE

## **6. Ballot Measure Committee**

**NAME OF BALLOT MEASURE**

BALLOT NO. OR LETTER	JURISDICTION
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SUPPORT  
 OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

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NAME OF OFFICERHOLDER, CANDIDATE, OR PROPOUNDER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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#### **7. Primarily Formed Committee**

**Primarily Formed Committee** List names of shareholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICERHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary.

# Campaign Disclosure Statement

## Summary Page

SUMMARY PAGE

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Committee to Protect the Political Rights of Minorities

I.D. NUMBER  
880354

### Contributions Received

		Column A <small>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</small>	Column B <small>CALENDAR YEAR TOTAL TO DATE</small>
1. Monetary Contributions .....	Schedule A, Line 3	\$0.00	\$0.00
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$0.00	\$0.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$0.00	\$0.00

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

### Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$1,708.74	\$1,708.74
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$1,708.74	\$1,708.74
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$1,708.74	\$1,708.74

### Expenditure Limit Summary for State Candidates

#### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$25,763.31	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$0.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$0.00	
15. Cash Payments .....	Column A, Line 8 above	\$1,708.74	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$24,054.57	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$0.00
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### Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$0.00

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A

CALIFORNIA **460**  
 FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Protect the Political Rights of Minorities

Statement covers period  
 from 01/01/2017

through 06/30/2017

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I.D. Number  
 880354

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>				\$0.00		

**Schedule A Summary**

1. Amount received this period - contributions of \$100 or more.  
 (Include all Schedule A subtotals.) ..... \$0.00
2. Amount received this period - unitemized contributions of less than \$100 ..... \$0.00
3. Total monetary contributions received this period.  
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL** \$0.00

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

## **Schedule B – Part 1 Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**

## Committee to Protect the Political Rights of Minorities

<p><b>Statement covers period</b>  <b>from</b> <u>01/01/2017</u></p> <p><b>through</b> <u>06/30/2017</u></p>	<p><b>CALIFORNIA FORM</b></p> <p><b>460</b></p>
<p><b>Page</b> <u>5</u> <b>of</b> <u>14</u></p>	
<p><b>I.D. NUMBER</b></p> <p>880354</p>	

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		_____	_____	<input type="checkbox"/> PAID _____ <input type="checkbox"/> FORGIVEN _____	_____	_____ % RATE	_____	CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		_____	_____	<input type="checkbox"/> PAID _____ <input type="checkbox"/> FORGIVEN _____	DATE DUE	_____ % RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		_____	_____	<input type="checkbox"/> PAID _____ <input type="checkbox"/> FORGIVEN _____	DATE DUE	_____ % RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		_____	_____	<input type="checkbox"/> PAID _____ <input type="checkbox"/> FORGIVEN _____	DATE DUE	_____ % RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required

**Schedule B - Part 2**  
**Loan Guarantors**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE B - PART 2

**CALIFORNIA FORM**  
**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 Committee to Protect the Political Rights of Minorities

Statement covers period  
 from 01/01/2017

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I.D. Number  
 880354

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	
<b>SUBTOTAL</b>				Enter on Summary Page, Line 17 only.		

**Schedule C**  
**Nonmonetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE C

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Protect the Political Rights of Minorities

Statement covers period  
 from 01/01/2017

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

**Schedule C Summary**

1. Amount received this period - nonmonetary contributions of \$100 or more.  
 (Include all Schedule C subtotals.).....
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
3. Total nonmonetary contributions received this period.  
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

SCHEDULE D

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

Statement covers period  
 from 01/01/2017  
 through 06/30/2017

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 Committee to Protect the Political Rights of Minorities

I.D. NUMBER  
 880354

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D Summary**

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) .....
2. Unitemized contributions and independent expenditures made this period of under \$100 .....
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** .....

# Schedule E

## Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Committee to Protect the Political Rights of Minorities

Statement covers period  
from 01/01/2017  
through 06/30/2017

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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson Hagel & Fishburn, LLP Sacramento, CA 95814-	PRO			\$203.66
Olson Hagel & Fishburn, LLP Sacramento, CA 95814-	PRO			\$907.15
Olson Hagel & Fishburn, LLP Sacramento, CA 95814-	PRO			\$202.80

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

### Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$1,708.74
2. Unitemized payments made this period of under \$100. ....	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$1,708.74

**Schedule E  
(Continuation Sheet)**  
**Payments Made**

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.  
Amounts may be rounded  
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Statement covers period  
from 01/01/2017  
through 06/30/2017

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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson Hagel & Fishburn, LLP Sacramento, CA 95814-	PRO			\$204.03
Olson Hagel & Fishburn, LLP Sacramento, CA 95814-	PRO			\$94.40
Olson Hagel & Fishburn, LLP Sacramento, CA 95814-	PRO			\$96.70

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$1,708.74

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/01/2017</u>	CALIFORNIA FORM <b>460</b>
through <u>06/30/2017</u>	Page <u>11</u> of <u>14</u>
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SEE INSTRUCTIONS ON REVERSE

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Committee to Protect the Political Rights of Minorities

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS****Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS** \_\_\_\_\_
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS** \_\_\_\_\_
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET** \_\_\_\_\_  
May be a negative number.



**Schedule H –  
Loans Made to Others\***

SCHEDULE H

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period

from 01/01/2017

through 06/30/2017

CALIFORNIA  
FORM

**460**

SEE INSTRUCTIONS ON REVERSE

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I.D. NUMBER  
880354

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		_____	_____	<input type="checkbox"/> PAID _____ <input type="checkbox"/> FORGIVEN _____	_____	_____ % RATE DATE DUE	_____	CALENDAR YEAR PER ELECTION** DATE INCURRED
		_____	_____	<input type="checkbox"/> PAID _____ <input type="checkbox"/> FORGIVEN _____	_____	_____ % RATE DATE DUE	_____	CALENDAR YEAR PER ELECTION** DATE INCURRED
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		<b>SUBTOTALS</b>						

(Enter (e) on  
Schedule I, Line 3)

**Schedule H Summary**

1. Loans made this period ..... \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

\*\* If Required

2. Payments received on loans ..... \_\_\_\_\_  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** \_\_\_\_\_  
(Enter the net here and on the Summary Page, Column A, Line 7.)  
(May be a negative number)

## **Schedule I Miscellaneous Increases to Cash**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

## SCHEDULE I

**CALIFORNIA FORM 460**

SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**  
Committee to Protect the Political Rights of Minorities

<b>Statement covers period</b> from <u>01/01/2017</u>  through <u>06/30/2017</u>	<b>CALIFORNIA FORM 460</b>
Page <u>14</u> of <u>14</u>	
<b>I.D. NUMBER</b> <u>880354</u>	

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$.**

## Schedule I Summary

- |   |                    |
|---|--------------------|
| 1. Increases to cash of \$100 or more this period.....  | \$.00              |
| 2. Unitemized increases to cash under \$100 this period.....  | \$.00              |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)                                    | \$.00              |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the<br>Summary Page, Line 14.)..... | <b>TOTAL</b> \$.00 |

**TOTAL** \$.<sup>00</sup>